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ASSOCIATION BETWEEN BURNOUT AND JOB SATISFACTION AMONG RESIDENT DOCTORS IN CLINICAL SPECIALTIES IN ENUGU STATE, NIGERIA: A CROSS-SECTIONAL STUDY

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ASSOCIATION BETWEEN BURNOUT AND JOB SATISFACTION AMONG RESIDENT DOCTORS IN CLINICAL SPECIALTIES IN ENUGU STATE, NIGERIA: A CROSS-SECTIONAL STUDY

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ABSTRACT

Background: Resident doctors are currently and consistently strained by high workload, migration and poor remuneration which could potentially affect the quality of healthcare provision.

Objectives: The study aimed to assess the association between burnout and job satisfaction among resident doctors in clinical specialties in Enugu State, Nigeria.

Methodology: This was a cross-sectional analytical study of 420 resident doctors in tertiary hospitals in Enugu State, Nigeria. Data were collected using Oldenburg Burnout Inventory and Minnesota Satisfaction Questionnaire from selected departments. Data were analysed using IBM statistical package 23.0. Test of significance was set at 0.05.

Results: The mean age of participants was 34.11 ± 5.08 with age range 23 to 53 years. The prevalence of overall burnout among resident doctors was 84.3%, disengagement group was 4.8%, exhaustion group was 6.9% and non – burnout group was 4.0%. The prevalence of general satisfaction among resident doctors was 39.2%, intrinsic satisfaction was 40% and extrinsic satisfaction was 58.8%. There was a significant weak negative correlation with Job satisfaction. Burnout Vs General satisfaction ($R = -0.366$, $p < 0.0001$), Intrinsic satisfaction ($R = -0.318$, $p < 0.0001$) and Extrinsic satisfaction ($R = -0.342$, $p < 0.0001$).

Conclusion: Resident doctors were found to have high prevalence of burnout with low job satisfaction and a significant weak negative linear correlation. The required number of resident doctors should be ensured at all times for improved quality of life and patient care.

INTRODUCTION

Burnout is defined in international classification of disease, 11th Revision (ICD – 11) as a syndrome resulting from chronic workplace stress that is not properly managed. (1) It was described by Christina Maslach as a triad of emotional Exhaustion (EE), depersonalization (DP) and reduced personal accomplishment (PA) due to prolonged workplace stress. (3). This stress process of developing burnout could be hastened by individual factors as poor self – esteem and excessive shyness; organizational factors like heavy workload, understaffing, unrealistic expectations and limited resources and increased client demands. (4).

Job satisfaction is a person's general appraisal of his or her job as favourable or unfavourable. (5). Job satisfaction examines the quality of life including social relationships, family connection and perceived health status that affect work performance, absenteeism and job turnover. (6). Job satisfaction can be conceptualized both as general and specific job satisfaction such as personal development, relationship with colleagues and remuneration. It could also be intrinsic job satisfaction relating to the job itself and extrinsic job satisfaction relating to the work environment. (7).

Burnout and job satisfaction are intrinsically linked and can be seen from the perspectives of causes and consequences and their effects on general health, productivity, absenteeism and others forms of work behaviours. (8), (9). Job satisfaction mediates the relationship between job stress and the dimensions of job burnouts. (10). The burnout – job satisfaction relationship is found to be negatively correlated mostly in high workload environment with turnover intention. The

excessive workload leads to high work pressure and loss of motivation for workers, which in turn leads to imbalances in work and life and ultimately leads to job burnout and reduces job satisfaction. This relationship is moderated by factors of job resources, individual characteristics and high social support. (10), (11).

A resident doctor is one undergoing residency training program, which is a postgraduate medical training that transitions a medical graduate to an independent practitioner and a consultant. It deepens a doctor's clinical skills and expertise in the chosen field. (12), (13). Residency training program is a highly supervised specialist medical training lasting for 4 – 6 years for most faculties and up to 8 years for few faculties. (13). This program is structured to prepare doctors handle the ever-increasing complexities of patient care and emerging healthcare challenges. However, the training can be affected by the overstretched healthcare system, limited resources and migration. (12).

The prevalence of burnout among resident doctors in Nigeria ranged from 23.6% to 51.7% while the prevalence of job satisfaction was 37.3%. (14), (7). In 2023, a total of 24,000 doctors were licensed to practice in Nigeria with a population of 214 million people, of which 70% are in the urban areas. (15). The doctor-to-patient ratio in Nigeria, in 2024 is estimated at about 4.14 per 10,000, far below the World Health Organization (WHO) recommended a desirable ratio of 1:1000 with a weekly working hours of 106.5 ± 50.4 . (15) (16). The Nigerian health care allocation is about 4% of the annual budget which results to underpayment, obsolete infrastructure, inadequate medical facilities and low fund allocation. (15). The monthly remuneration of resident doctors ranges from 250,000 to

650,000 naira (167 to 433 dollars) with a median monthly remuneration of 420,000 naira (280 dollars). (17) In 2020, about 63% of resident doctors in Ekiti, one of the southern states in Nigeria intended to migrate abroad. (18)

Resident doctor's training in Nigeria is designed to be rigorous, tasking and durable to withstand the complexities of patient care and emerging health care challenges. However, with increasing population, poor healthcare financing overstretching health system and migration of the available human resources. The implications to the wellbeing of the doctors, their training and to the patient care is dire creating a burnout – job satisfaction gap. The strength and direction of this relationship has not being fully studied among the occupational group of resident doctors in our environment. This will help inform the custodians of the training program for possible changes and reform. Also arm them with required information for policy recommendations that better improve the health care system. This study is aimed to assess the relationship between burnout and job satisfaction among resident doctors in Clinical specialties in Enugu State, South East, Nigeria.

METHODOLOGY

Study area: The study was conducted at University of Nigeria, Teaching Hospital (UNTH) Ituku - Ozalla and Enugu State University Teaching Hospital (ESUTH). These are tertiary referral hospitals, respectively owned by Federal and State government with more than 500 and 300 bed spaces. The hospitals offers residency training programmes in all the major surgical and medical specialties, in Enugu State, South East of Nigeria.

Study Design: A cross – sectional analytical, multicenter hospital based study was conducted among resident doctors undergoing specialty training in UNTH and ESUTH from August to October 2023.

Study Population: The study comprised of full time employed junior (registrars) and senior resident doctors receiving training in all medical and surgical clinical specialties of both hospitals, at the time of the study for at least 6 months. Those who were too ill, on outside posting, on leave and or refused to consent were excluded. A minimum sample size of 420 was studied. xx

Sample size calculation: The minimum sample size was calculated using the standard formula for estimating a single population proportion, $n = Z\alpha^2P(1-P)/d^2$, where $Z\alpha$ is Z-value of 1.96 at 95% confidence interval, d is the precision of 5% and P is the prevalence of 41.7% obtained from a prior study. (4), (19). A total of 373.6 was calculated and after adjusting for anticipated 10% non-response, the final sample size was set at 420 participants.

Sampling Technique: A multistage technique was used to select the required number of resident doctors for study in both hospitals. A comprehensive sampling frame of the study population was obtained from the welfare association, 'Association of Resident Doctors (ARD) in both institutions.' A total of 428 and 195 residents' doctors were in UNTH and ESUTH respectively. In the first stage of sample selection, proportionate stratified sampling was used to allocate the study sample between the two hospitals based on their relative population sizes. Using a ratio approximating 2:1, 280 resident doctors were allocated to UNTH and 140 to ESUTH. In the second stage of sample selection, resident doctors in each hospital were stratified by clinical department. Finally in the third stage,

a simple random sampling by balloting method was used to select the resident doctors from the respective clinical departments.

Study instruments and data collection: The data was collected using a validated self-administered semi structured questionnaire from August to October 2023 among the selected resident doctors of the clinical specialties of both hospitals in Enugu state. It was pre tested in one of the tertiary hospital not used for the study. The data was collected with the aid of five research assistants, three from UNTH and two from ESUTH. They were trained for two days on the objectives of the study, questionnaire administration and ethical issues in research. The questionnaire was adapted from the Oldenburg Burnout Inventory (OLBI). (20) and Minnesota Satisfaction Questionnaire (21). The Oldenburg Burnout Inventory (OLBI) assessed respondent's burnout, it is a 16 – item questionnaire containing 8 – item each for exhaustion and disengagement domains, arranged in mixed patterns. Within each domain, 4 questions are positively worded and the other 4 negatively worded to ensure psychometric balancing. Items 2, 4, 5, 8, 10, 12, 14 and 16 explore exhaustion dimension, reflecting feelings of emotional and physical exhaustion, while the remaining eight items, 1, 3, 6, 7, 9, 11, 13 and 15 measure the disengagement dimension, captures cognitive and affective withdrawal from work-related activities. The responses were presented in a four-point Likert scale of strongly agree, agree, disagree and strongly disagree which were coded 1, 2, 3, 4 respectively. The negatively worded questions were designated as E.R or D.R indicating reverse coding of the responses to that question, meaning 4, 3, 2, 1. Potential scores on each subscale ranged from 8 to 32 with the total potential OLBI score ranged from 16 to 64. The overall mean score for each

domain was calculated by the sum of all responses divided by 8. Higher scores indicate higher levels of burnout. The prevalence of burnouts was determined using the OLBI with further categorization of burnouts into 4 groups as (a). Burnout group: High exhaustion and high disengagement. (Mean score of ≥ 2.25 on exhaustion domain and ≥ 2.1 in disengagement domain). (b) Exhausted group: high exhaustion and low disengagement. (Mean score of ≥ 2.25 on exhaustion domain and < 2.1 in disengagement domain). (c) Disengaged group: high disengagement and low exhaustion. (Mean score of < 2.25 on exhaustion domain and ≥ 2.1 in disengagement domain) and (d) Non-burnout group: low disengagement and low exhaustion. (Mean score of < 2.25 on exhaustion domain and < 2.1 in disengagement domain).

The Minnesota Satisfaction Questionnaire assessed respondent's job satisfaction. It is a 20 – item questionnaire consisting of 3 scales of intrinsic satisfaction, extrinsic satisfaction and general satisfaction. The intrinsic satisfaction scale consisted of only 12 items of 1, 2, 3, 4, 7, 8, 9, 10, 11, 15, 16, and 20. In addition, the extrinsic satisfaction scale consisted of only six items of 5, 6, 12, 13, 14 and 19. Items 17 and 18 are only contained in the general satisfaction scale. The responses were presented in a five-point Likert scale of very dissatisfied, dissatisfied, neutral, satisfied and very satisfied which were coded 1, 2, 3, 4, 5 respectively. The general satisfaction scale assigned scores to all 20 mentioned MSQ items, with the scores ranging from 20 to 100. The intrinsic satisfaction scale has sum scores ranging from 12 to 60. The extrinsic satisfaction scale has sum scores ranging from 6 to 30. The scores of the MSQ items categorized the general satisfaction scale into moderate (score 60 and lower), moderate to

not fully satisfied (the score range of 61-79), and satisfied (score 80 and higher) to ascertain the level of job satisfaction among the resident doctors in Enugu State.

Data management: Data entry and cleaning were done manually to detect omission, errors and to ensure uniformity of scores. Data entry and analysis were done with IBM Statistical Package for Social Science (SPSS), version 25. To ensure internal consistency, the Burnout domains were subjected to Cronbach's alpha with satisfactory internal reliability score of 0.74, while job satisfaction domains for general satisfaction domain, intrinsic domain and extrinsic domain have of 0.899, 0.873 and 0.713 respectively. Data were presented in frequency tables and summarized using means and standard deviation. Pearson Correlation was used to test the relationship between burnout and job satisfaction among resident doctors in clinical specialties in Enugu State. Level of significance was set at P value of <0.05.

Ethical consideration: Ethical approval was obtained from the Health Research Ethics Committee of the University of Nigeria Teaching Hospital Ituku/Ozalla, Enugu with reference number NHREC/05/01/2008B-FWA00002458-1RR00002323. Permission to conduct the study was obtained from the management of both institutions. Written informed consent was obtained from all participants after a detailed explanation of the study objectives and procedures.

RESULTS

The mean age of participants was 34.11 ± 5.08 with age range 23 to 53 years. Majority, 32.9% of the respondents were in the age group, 31 – 35 age group. More than half, 59% were males. Majority, 62% of respondents were married. About two – third, 68.1% of respondents were junior residents. Majority of respondents were in surgery (22.97%), O&G (16.7%), and the least was in radiology (6.9%) specialties. See table 1.

Table 1
Socio occupational characteristics of resident doctors in Enugu State

Variables	Frequency	Percentage
Age		
21 – 25	8	1.9
26 – 30	121	28.8
31 – 35	138	32.9
36 – 40	115	27.4
41 – 45	27	6.4
46 – 50	9	2.1
51 – 55	2	0.5
Mean $\pm$ std deviation	34.11 ± 5.08	
Gender		
Male	248	59.0
Female	172	41.0
Marital status		
Single	154	36.7
Married	261	62.1
Divorced / separated	5	1.2

Designation		
Registrar	286	68.1
Senior registrar	134	31.9
Specialty		
O &G	70	16.7
Surgery	62	14.8
Internal medicine	49	11.7
Paediatrics	48	11.4
Ophthalmology	24	5.7
Radiology	29	6.9
Community medicine	42	10.0
Family medicine	33	7.9
Anaesthesia	39	9.3
Emergency medicine	14	3.3
Otorhinolaryngology	10	2.4
Average monthly salary (Naira)		
100,000 – 399, 000 (\$86.58 – \$345.45)	315	75.0
≥400,000 (\$346.32)	105	25.0
Mean ± std deviation	344,102 ± 83827.03 (\$297.92 ± 72.58)	

The mean overall burnout, disengagement and exhaustion among resident doctors were 2.58 ± 0.34 , 2.46 ± 0.34 and 2.70 ± 0.42 respectively. The prevalence of overall

burnout among resident doctors was 84.3%, disengagement group was 4.8%, exhaustion group was 6.9% and non – burnout group was 4.0%. See tables 2, 3 & 4.

Table 2
Assessment of Burnout among resident doctors

S/no	Burnout variables	Strongly agree	Agree	Disagree	Strongly disagree	Mean ± SD
	Disengagement Domain					
1	I always find new and interesting aspects in my work	76 (18.1)	278 (66.2)	53 (12.6)	13 (3.1)	2.01 ± 0.66
3	It happens more and more often that I talk about my work in a negative way	46 (11.0)	187 (44.5)	142 (33.8)	45 (10.7)	2.44 ± 0.83
6	Lately, I tend to think less at work and do my job almost mechanically	23 (5.5)	163 (38.8)	193 (46.0)	41 (9.8)	2.60 ± 0.74
7	Find my work to be a positive challenge	54 (12.9)	268 (63.8)	87 (20.7)	11 (2.6)	2.13 ± 0.65
9	Over time, one can become disconnected from this type of work	22 (5.2)	136 (32.4)	206 (49.0)	56 (13.3)	2.70 ± 0.76
11	Sometimes I feel sickened by my work tasks	25 (6.0)	142 (33.8)	205 (48.8)	48 (11.4)	2.66 ± 0.76
13	This is the only type of work that I can imagine myself doing	35 (8.3)	104 (24.8)	185 (44.0)	96 (22.9)	2.81 ± 0.88
15	I feel more and more engaged in my work	45 (10.7)	227 (54.0)	119 (28.3)	29 (6.9)	2.31 ± 0.75
	Exhaustion Domain					
2	There are days when I feel tired before I arrive at work	15 (3.6)	51 (12.1)	240 (57.1)	114 (27.1)	3.08 ± 0.73

4	After work, I tend to need more time than in the past in order to relax and feel better	16 (3.8)	82 (19.5)	228 (54.3)	94 (22.4)	2.95 ± 0.76
5	I can tolerate the pressure of my work very well	37 (8.8)	243 (57.9)	121 (28.8)	19 (4.5)	2.29 ± 0.47
8	During my work, I often feel emotionally drained	28 (6.7)	163 (38.8)	172 (41.0)	57 (13.6)	2.61 ± 0.80
10	After working, I have enough energy for my leisure activities	22 (5.2)	114 (27.1)	211 (50.2)	73 (17.4)	2.80 ± 0.78
12	After my work, I usually feel worn out and weary	22 (5.2)	129 (30.7)	196 (46.7)	73 (17.4)	2.76 ± 0.80
14	Usually, I can manage the amount of my work well	35 (8.3)	233 (55.5)	119 (28.3)	33 (7.9)	2.36 ± 0.75
16	When I work, I usually feel energized	23 (5.5)	119 (28.3)	203 (48.3)	75 (17.9)	2.79 ± 0.80

Table 3*Prevalence of burnout among resident doctors in clinical specialties in Enugu State, Nigeria*

Prevalence of burnout groups	Frequency	Percent
Burnout group	354	84.3
Disengagement group	20	4.8
Exhaustion group	29	6.9
Non – burnout group	17	4.0

The mean general satisfaction, intrinsic and extrinsic satisfaction among resident doctors were 3.32 ± 0.59 , 3.48 ± 0.62 and 3.15 ± 0.67 respectively. The prevalence of general

satisfaction among resident doctors was 39.2%, intrinsic satisfaction was 40% and extrinsic satisfaction was 58.8%. See table 4, 5.

Table 4*Assessment of job satisfaction among resident doctors in Enugu State*

S/No	Variables	Very dissat.	Dissat.	Neutral	Satisfied	Very sat.	Mean ± SD
	On my present job, this is how I feel about.....						
1	Being able to keep busy all the time	38 (9.0)	54 (12.9)	137 (32.6)	171 (40.7)	20 (4.8)	3.19 ± 1.03
2	The chance to work alone on the job	28 (6.7)	77 (18.3)	158 (32.9)	158 (37.6)	19 (4.5)	3.15 ± 0.99
3	The chance to do different things from time to time.	28 (6.7)	52 (12.4)	139 (33.1)	173 (41.2)	28 (6.7)	3.29 ± 0.99
4	The chance to be “somebody” in the community	22 (5.2)	38 (9.0)	87 (20.7)	208 (49.5)	65 (15.5)	3.61 ± 1.02
5	The way my boss handles his/her workers	24 (5.7)	59 (14.0)	123 (29.3)	177 (42.1)	37 (8.8)	3.34 ± 1.01
6	The competence of my supervisor in making decisions	15 (3.6)	31 (7.4)	99 (23.6)	212 (50.5)	63 (15.0)	3.66 ± 0.94
7	Being able to do things that don’t go against my conscience	10 (2.4)	31 (7.4)	81 (19.3)	221 (52.6)	77 (18.3)	3.77 ± 0.91
8	The way my job providers for steady employment	19 (4.5)	47 (11.2)	120 (28.6)	189 (45.0)	45 (10.7)	3.46 ± 0.98

9	The chance to do things for other people	17 (4.0)	31 (7.4)	72 (17.1)	231 (55.0)	69 (16.4)	3.72 ± 0.96
10	The chance to tell people what to do	10 (2.4)	20 (4.8)	110 (26.2)	232 (55.2)	48 (11.4)	3.69 ± 0.83
11	The chance to do something that makes use of ability	17 (4.0)	26 (6.2)	99 (23.6)	230 (54.8)	48 (11.4)	3.63 ± 0.91
12	The way management projects are put into practice	56 (13.3)	94 (22.4)	139 (33.1)	109 (26.0)	22 (5.2)	2.87 ± 1.10
13	My pay and amount of work I do	111 (26.4)	117 (27.9)	98 (23.3)	72 (17.1)	22 (5.2)	2.47 ± 1.20
14	The chance for advancement on this job	35 (8.3)	54 (12.9)	146 (34.8)	160 (38.1)	25 (6.0)	3.20 ± 1.02
15	The freedom to use my own judgment	23 (5.5)	32 (7.6)	157 (37.4)	180 (42.9)	28 (6.7)	3.38 ± 0.92
16	The chance to try my own methods of doing the job.	27 (6.4)	41 (9.8)	180 (42.9)	144 (34.3)	28 (6.7)	3.25 ± 0.95
17	The working conditions	105(25.0)	122 (29.0)	95 (22.6)	73 (17.4)	25 (6.0)	2.50 ± 1.21
18	The way my co – workers get along with each other	25 (6.0)	47 (11.2)	128 (30.5)	170 (40.5)	50 (11.9)	3.41 ± 1.03
19	The praise I get for doing a great job.	25 (6.0)	43 (10.2)	157 (37.4)	148 (35.2)	47 (11.2)	3.35 ± 1.01
20	The feeling of accomplishment I get from the job.	22 (5.2)	34 (8.1)	120 (28.6)	173 (41.2)	71 (16.9)	3.56 ± 1.03

Table 5*Prevalence of job satisfaction among resident doctors in Enugu State*

Variables	Moderate satisfaction		Moderate to not fully satisfied		Satisfied	
	Freq.	percent	Freq.	percent	Freq.	percent
General satisfaction domain	112	26.7	253	60.2	55	13.1
Intrinsic satisfaction domain	87	20.7	252	60.0	81	19.3
Extrinsic satisfaction domain	188	44.8	173	41.2	59	14.0

The burnout, emotional exhaustion and depersonalization were found to have a significant weak negative correlation with job satisfaction. Burnout Vs general satisfaction ($R = -0.366, p < 0.0001$), Intrinsic satisfaction ($R = -0.318, p < 0.0001$) and Extrinsic satisfaction ($R = -0.342, p < 0.0001$). See table 6 and fig

Table 6*Correlation between Burnout and Job Satisfaction*

Variable	General satisfaction		Intrinsic satisfaction		Extrinsic satisfaction	
	R	p Value	R	p Value	R	p Value
Burnout	-0.366	<0.0001	-0.318	<0.0001	-0.342	<0.0001
Disengagement	-0.335	<0.0001	-0.323	<0.0001	-0.287	<0.0001
Exhaustion	-0.310	<0.0001	-0.244	<0.0001	-0.309	<0.0001

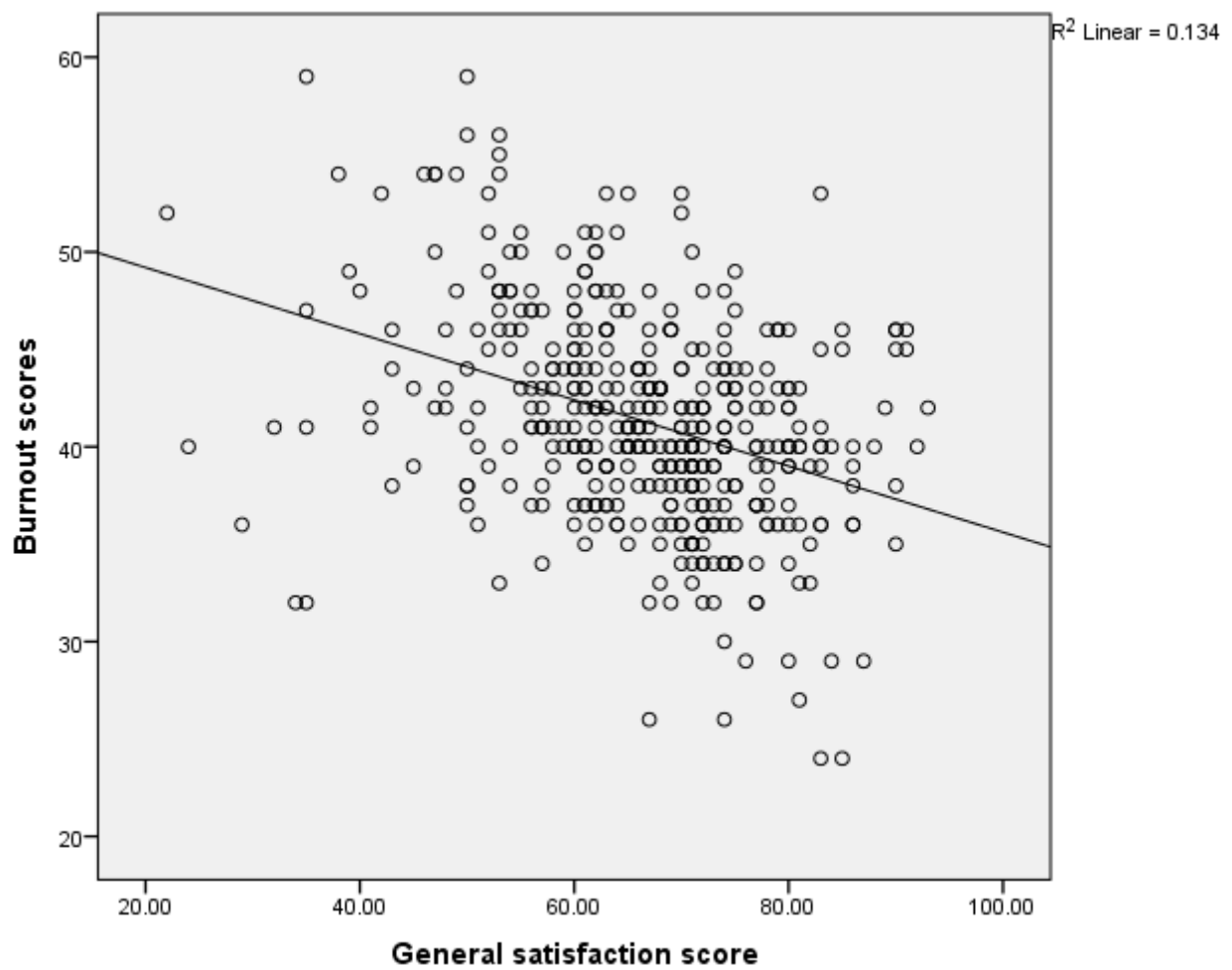


Fig 1: The scatter plot of the relationship between burnout and General Job satisfaction

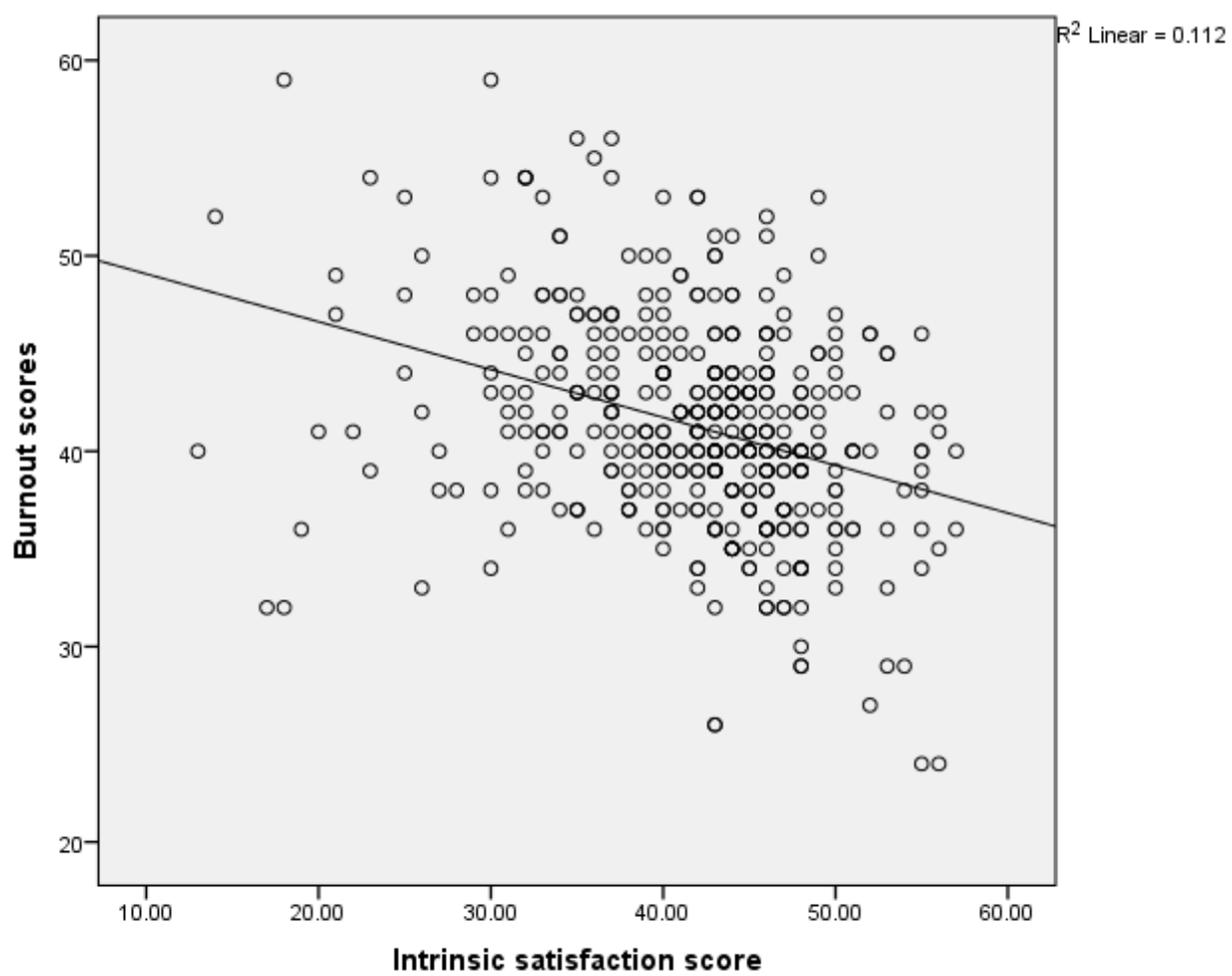


Fig 2: The scatter plot of the relationship between burnout and Intrinsic Job satisfaction

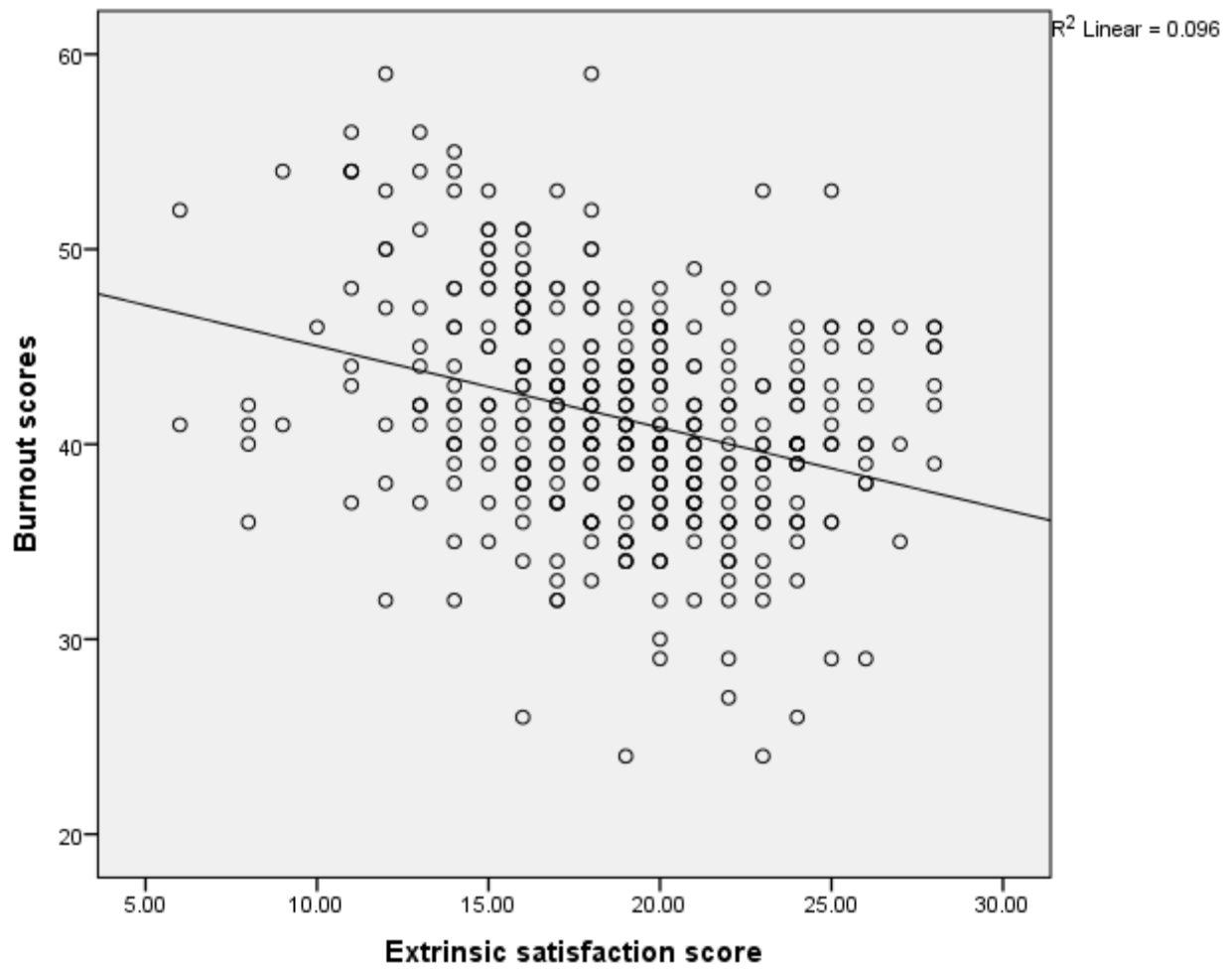


Fig 3: The scatter plot of the relationship between burnout and Extrinsic Job satisfaction

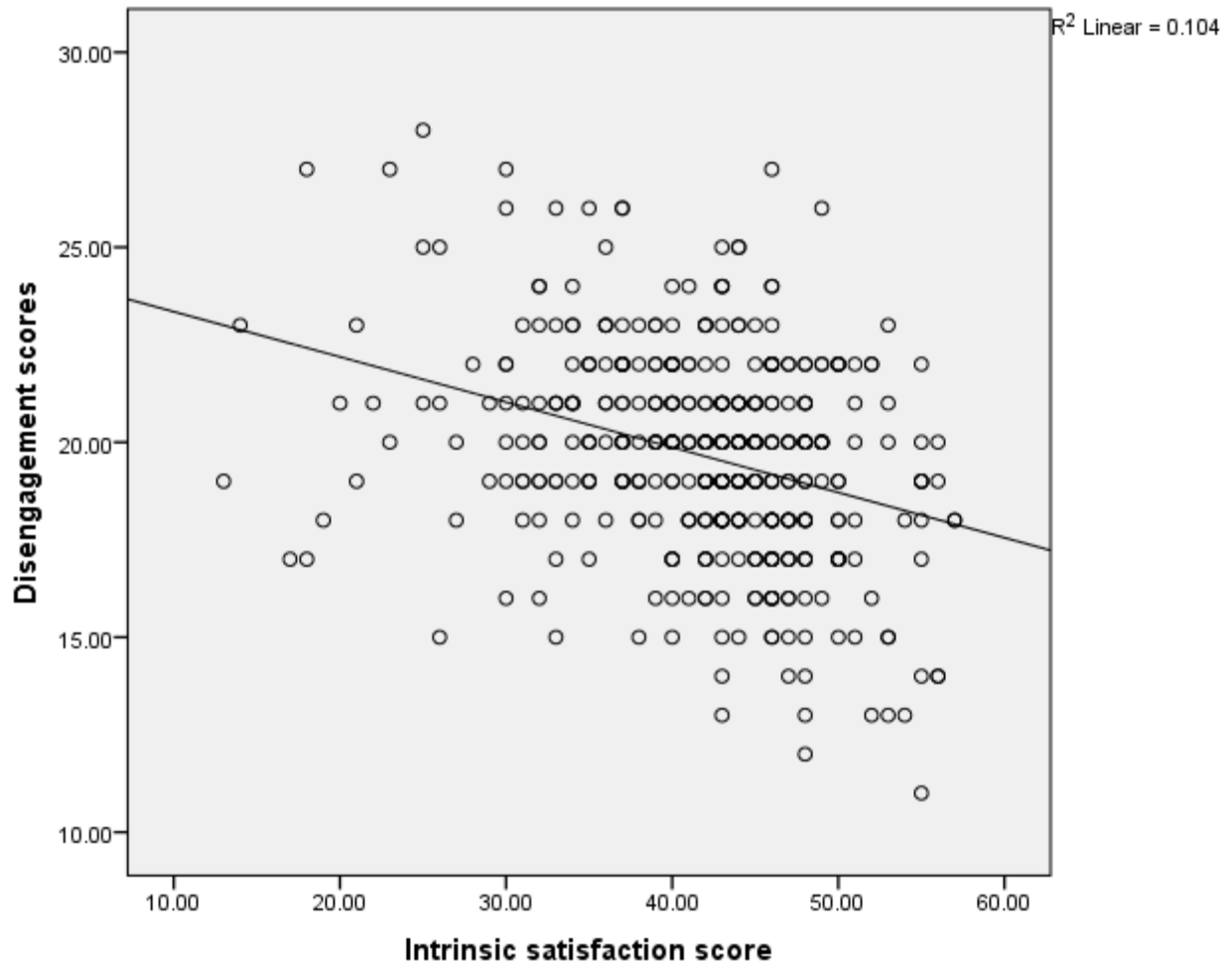


Fig 4: The scatter plot of the relationship between disengagement and Intrinsic Job satisfaction

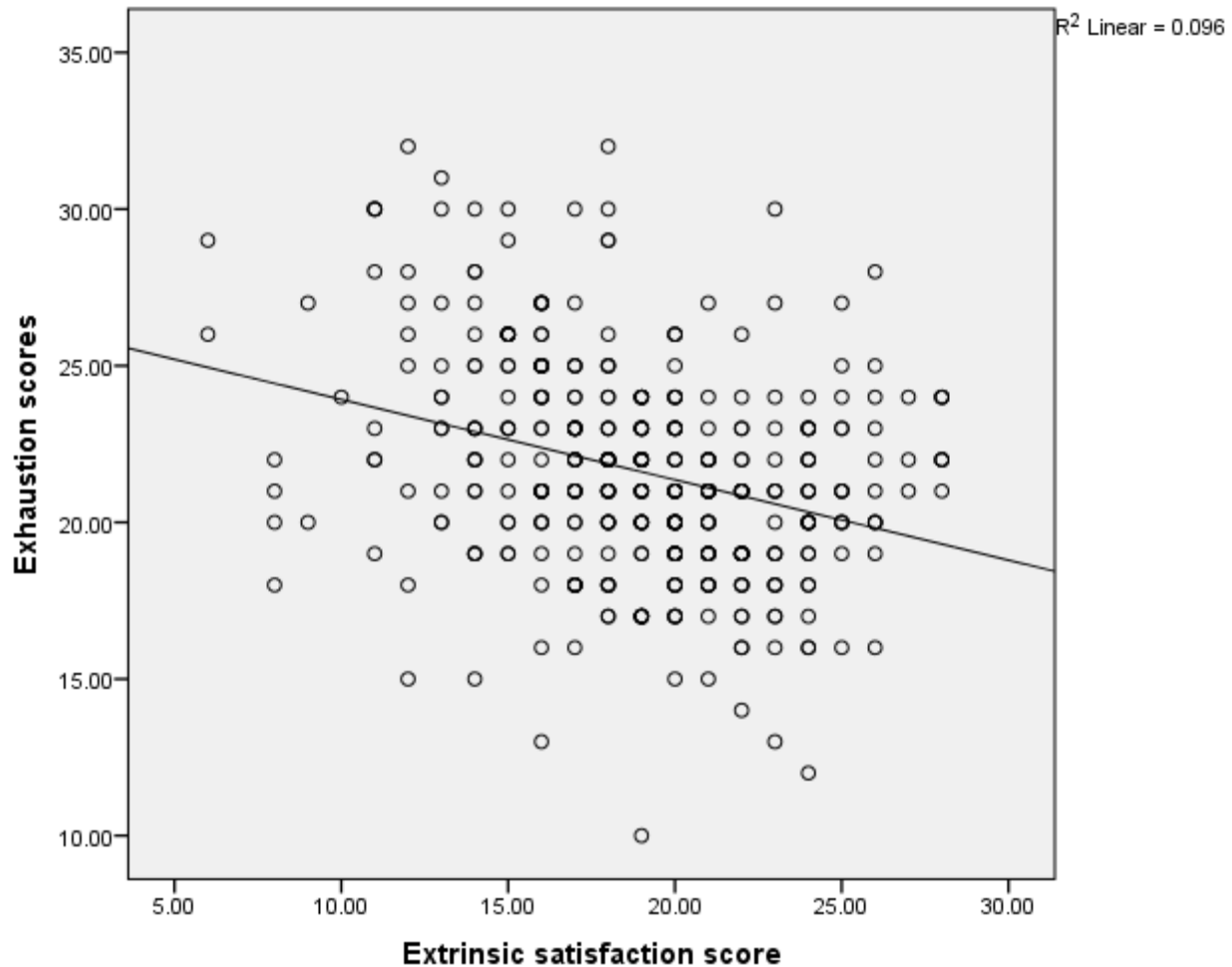


Fig 5: The scatter plot of the relationship between Exhaustion and Extrinsic Job satisfaction

DISCUSSION

The study found high and low prevalence of burnout and job satisfaction respectively across their various dimensions. There was a significant weak negative linear correlation between burnouts and job satisfaction among resident doctors in Enugu state, Nigeria.

Majority of the resident doctors were in the burnout group, while very few were in the non – burnout group. The high prevalence of burnout means there are presence of high emotional exhaustion and high disengagement which may be associated with the high demanding workloads that have

exceeded the resident doctor's capacity to cope. This is evidenced from the high work days, work hours and shifts noted in the study. This finding agreed with studies in Nigeria where a systemic review carried out in 2019 found that the prevalence of burnout among doctors ranged from one – fifth to about half of respondents and a study in Benin in 2021 noted that the prevalence of burnout among resident was less than half of respondents. (14), (22) However, the higher prevalence noted in the current study could be due to the accumulated impact of poor health system, human resources and remuneration on the

health care workloads that exceeds available resources and individual expectations.

The prevalence of job satisfaction was very low across all the domains. Less than one – fifth of the resident doctors in Enugu State were satisfied in their job. They were less satisfied with the work environment compared to the job itself. This shows that resident doctors in Enugu State had unfavourable appraisal of their work as it affects their personal development, interpersonal relationship and social status. This was lower than the findings from previous study where one – third of doctors were found to be satisfied with their job. (7). The further explains the impact of poor health system, workforce migration and poor remuneration on the health care workloads that exceeds available resources and individual expectations.

The association between burnouts dimensions and job satisfaction dimensions among resident doctors means that as burnout increases among the resident doctors, there is a corresponding decrease with satisfaction of their work and vice – versa. However, the weak association means small effect size on the strength of the association between burnout and job satisfaction among this group of workers. There could be other factors contributing to decrease in job satisfaction other than the burnout dimensions of emotional exhaustion and disengagement. The findings agreed with studies in South Africa. Iran, China on the direction of the relationship between burnout and its dimensions and job satisfaction and its dimensions. (9), (23), (10). However, the study contrast with study in Iran on the strength of the relationship as the study in Iran among teachers showed a strong negative relationship between burnout dimensions and the job satisfaction dimensions. (23). This

could be due to differences in the occupational groups and the environment. The residency training in Nigeria is a resilient specialist training program designed to ensure maximum patient care in an improvised environment. However, the findings have proven that despite the ethical inclination of medical training to prioritize patient care, the resident doctors are subject to burnout and dissatisfaction with the job, hence the need for continuous assessment of their workloads to ensure they are working within recommended conditions.

Limitations: The study was conducted in one state, hence the result cannot be generalized. The cross-sectional study is limited in its ability to establish causality. The quantitative study limits the factors associated with job satisfaction. A further qualitative study will enrich the study. The OLBI measurement tool is a self-report tool with desirability bias.

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